

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 323-2931



January 13, 1981

ALL-COUNTY INFORMATION NOTICE I-05-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: DISTRIBUTION OF DEPARTMENT OF HEALTH SERVICES COMMUNICATIONS TO
COUNTY WELFARE DEPARTMENT DIRECTORS

REFERENCE:

All Department of Health Services communications relating to the CHDP Program are sent only to Child Health and Disability Prevention Program Directors and Deputy Directors and are not routinely sent to county welfare departments. County welfare departments have had to obtain copies from their own local health department/district.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Social Services Consultants have received complaints from a number of county welfare departments regarding this method of receiving vital information affecting the program in which they and the health department/district are mutually involved and for which the welfare department is penalty liable.

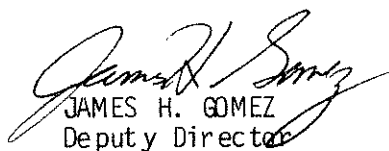
The Department of Social Services has made arrangements with Department of Health Services to include all county welfare directors in the distribution list for CHDP program notices and letters.

Beginning January 1, 1981, county welfare directors will receive copies of all CHDP Program Letters and other communications concerning the CHDP Program.

Attached are copies of the latest communications beginning with November 1, 1980, which directly affect the CHDP/EPSDT Program.

If you have any questions or comments regarding this procedure or the content of the communications, please contact your EPSDT Consultant as indicated in All-County Information Notice I-91-80.

Sincerely,


JAMES H. GOMEZ
Deputy Director

cc: CWDA

DEPARTMENT OF HEALTH SERVICES

744 P STREET
SACRAMENTO, CA 95814

(916) 322-4780



October 24, 1980

CHDP Fiscal Information Notice #80-1

To: Community Child Health and Disability Prevention Program Directors,
Deputy Directors, and Fiscal Officers

Subject: Submission of FY 1979-80 Expenditures

The CHDP Fiscal and Support Services Unit is in the process of closing out the 1979-80 fiscal year records. To accomplish this it is most important that all claims for expenditures incurred in FY 1979-80, not yet submitted, be claimed by December 1, 1980.

Please ensure that invoices are submitted in triplicate, with an original signature, to the following address:

Fiscal and Support Services Unit
Child Health and Disability
Prevention Branch
714 P Street, Room 300
Sacramento, CA 95814

If you have any questions or are unable to meet the November 1 invoice submittal date, please contact Debbie Shepherd at (916) 322-8041 or your regional consultant directly.

Sincerely,

A handwritten signature in cursive script that reads 'Siegfried A. Centerwall' followed by a stylized 'M' or 'D' monogram.

Siegfried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

DEPARTMENT OF HEALTH SERVICES

14744 P STREET
SACRAMENTO, CA 95814

(916) 322-4780



November 10, 1980

CHDP Information Notice #80-V

To: Community Child Health and Disability Prevention Program Directors
and Deputy Directors

Subject: Notices for Periodic Notification

State plans have been finalized to notify Medi-Cal recipients due for periodic health assessments and dental services.

Attached are the notices which will be mailed by the state to recipients due for services. The yellow notice will be sent to families with children ages two through four years of age due for a health assessment. Please see Program Letter #80-10 which clarifies county responsibility for notifying two year olds.

The white notice will be sent to parents with children three to twelve years of age due for dental services. The green notice will be sent to children and youth 13 years of age and older due for dental services. (These dental notices will be improved as time allows.)

A monthly list, by county, of the names of all children to whom notification for health assessment and dental services were sent will be distributed to each local program. The October list will be distributed to local programs within the next two weeks.

If you have any questions, please contact your regional consultant.

Siegried A. Centerwall

Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachments

DEPARTMENT OF HEALTH SERVICES

1744 P STREET
SACRAMENTO, CA 95814
(916) 322-4780



November 20, 1980

CHDP Information Notice #80-W

To: Community Child Health and Disability Prevention Program
Directors and Deputy Directors

Subject: New Health Program Advisor for CHDP Program, Coastal Regional Office

We are pleased to announce the appointment of Lenore Sutton as Health Program Advisor for the Child Health and Disability Prevention (CHDP) Program in our Berkeley Office.

Lenore received her Bachelor of Arts degree in Social Science, with a Minor in Small Groups and Race Relations, from California State University at Northridge. She had graduate study in the field of Gerontology at the University of Southern California in Los Angeles and holds a State of California Adult Education Teaching Credential.

Lenore comes to us from the State Department of Health Services, Health Maintenance Organizations Branch. She has extensive experience in contract development, management information systems, staff training, and client contact in the areas of health delivery and social services. We are pleased to welcome her to our staff.

Attached for your information is a complete list of all Regional Consultants and the counties to which they provide consultation.

Handwritten signature of Ruth S. Range in cursive script.

Ruth S. Range, Chief
Regional Operations Section

Handwritten signature of Siegfried A. Centerwall MD in cursive script.

Siegfried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachment

REGIONAL STAFF - CHDP PROGRAM

Coastal Region

Joan Fenske, Nursing Consultant Renee Evitts, Nursing Consultant
Lenore Sutton, Health Program Advisor Lenore Sutton, Health Program Advisor

Alameda	San Francisco	Contra Costa	San Mateo
Berkeley, City of	San Luis Obispo	Marin	Santa Clara
Humboldt/Del Norte	Solano	Monterey	Santa Cruz
Mendocino	Napa	Sonoma	Napa

Headquarters: 1625 Shattuck, Room 212 Mailing Address: 2151 Berkeley Way
Berkeley, California Berkeley, CA 94704

ATSS 8-571-2287 Public Line (415) 540-2287

Southern Region

Eileen Hoppenthal, Nursing Consultant Ann Quealy, Nursing Consultant
Alvin Shaw, Health Program Advisor Alvin Shaw, Health Program Advisor

Los Angeles	Orange	Imperial	San Diego
		Kern	Santa Barbara
		Riverside	Ventura
		San Bernardino	

Headquarters: 107 So. Broadway, Room 2011 Mailing Address: 107 So. Broadway, Room 48
Los Angeles, California Los Angeles, CA 90012

ATSS 8-640-5346 Public Line (213) 620-5346

Central Region

Mary Alter, Nursing Consultant Lynn Taylor, Nursing Consultant
Eugen Barnett, Health Program Advisor Eugen Barnett, Health Program Advisor

Colusa	Sacramento	Butte	San Joaquin
Fresno	Tulare	El Dorado	Shasta
Kings	Inyo	Merced	Stanislaus
Madera		Nevada	Sutter/Yuba
		Placer	Yolo
		Plumas	

Headquarters: 714 P Street, Room 1792 Mailing Address: 714 P Street, Room 1792
Sacramento, California Sacramento, CA 95814

ATSS 8-492-4780 Public Line (916) 322-4780

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
ACRAMENTO, CA 95814



(916) 322-4780

November 24, 1980

CHDP Information Notice #80-X

To: Community Child Health and Disability Prevention Program
Directors and Deputy Directors

Subject: "Guide to Adolescent Health Care - EPSDT"

Attached is your copy of the pamphlet "Guide to Adolescent Health Care - EPSDT". The pamphlet was developed by the federal Department of Health and Human Services in response to an increasing number of state requests for technical assistance in providing health care to adolescents under the EPSDT program. The material was initially developed by an HHS Interagency Committee on EPSDT and was then adapted for the use of state and local agencies, providers and other involved in implementing EPSDT.

In addition to the valuable general information and charts contained in the pamphlet there are two areas of special interest. Chapter Six, entitled "Special Hazards", includes four sources of physical or social-emotional damage which are sufficiently prevalent among youth to warrant extra attention. Chapter Seven, "Development Review", deals with such subjects as peer pressure, personal responsibility and interpersonal relationships, all areas of importance when implementing programs for adolescents.

If your program would like additional copies (six or more), they can be obtained by writing to:

HCFA Office of Printing and Publications
D-3, Gwynn Oak Building
1710 Gwynn Oak Avenue
Baltimore, Maryland 21207

Requests for five or less can be obtained through the Policy and Program Development Section, CHDP Branch, 714 P Street, Room 1792, Sacramento, CA 95814.

Siegfried A. Centerwall
Siegfried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachment

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

(916) 322-4780



October 31, 1980

CHDP Program Letter #80-10

To: Community Child Health and Disability Prevention Program Directors
and Deputy Directors

Subject: Periodic Notification of Children Due for Their Two Year Health Assessment

There has been some confusion over who is responsible (state or local program) for sending the notice to children when they are due for the 2 year old health assessment. This notice must be sent 6 months after a child receives the 18-23 month health assessment.

The state policy is that local programs will send notices to children up to and including the notice for the 2 year old health assessment. This is necessary because the state cannot assure that children will receive notices in a timely manner when the interval between needed health assessments is less than one year.

Some counties have not been notifying children when they are due for their 2 year assessment. Because this is a requirement for compliance with federal regulations, the state will send the 2 year assessment notice to all children who received the 18-23 month screen between October 1, 1979 and September 30, 1980. This notice will be sent one year after the date of the health assessment. Although this will meet federal requirements, it will not be as timely as optimal.

Beginning October 1, 1980, local programs must assume the responsibility of notifying children due for the two year old assessment. Any screens given on or after October 1, 1980 to children who are 18-23 months of age on the date of the screen will require a notice sent by the local program 6 months after the date of service.

If you have any questions or if you need assistance with your periodic notification system please contact your regional consultant.

A handwritten signature in dark ink that reads 'Siegfried A. Centerwall M.D.' with a stylized flourish at the end.

Siegfried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



(916) 322-4780

December 3, 1980

CHDP Program Letter #80-11

To: Community Child Health and Disability Prevention Program
Directors and Deputy Directors

Subject: CHDP Medical Guidelines

The CHDP Medical Guidelines will soon be available for distribution to local programs and to your local CHDP providers. The guidelines provide a reference for providers and program staff on minimum standards for CHDP services. An advance copy is attached for your review and use.

Ordering the Guidelines

A form for ordering guidelines is attached. Please return by December 20, 1980.

The guidelines will be available in bound and unbound (stapled) copies. Bound copies will be in pressboard binders, separate from any existing provider manuals. The clip-type binding will allow revisions to be easily inserted.

Due to the expense of the binders, a limited number (1300) of bound guidelines are available. We therefore request that you order bound guidelines only for your program staff and your active providers (those providers who have submitted at least one Pm 160 during the last year). We suggest that you also order a small supply of bound guidelines for use in provider recruitment. Supplies of unbound guidelines will be available to distribute to interested inactive providers.

Distribution of the Guidelines

1. To Active Providers

A copy of the guidelines and a Provider Information Notice should be sent to each active provider in your county. Attachment II is a suggested Provider Information Notice for active providers.

2. To Inactive Providers

Inactive providers should receive a Provider Information Notice which announces the availability of the guidelines and refers providers interested in obtaining a copy to the local program. Local programs can fill such requests with either bound or unbound copies. Attachment III is a suggested Provider Information Notice for inactive providers.

3. Report of Distribution

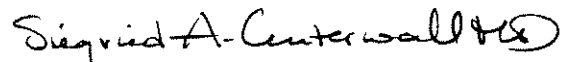
Please fill out and return to the State CHDP Office, a "Report of Distribution" to active providers (Attachment IV) and a "Report of Distribution" to inactive providers (Attachment V).

Future Orders

Additional copies can be obtained by writing to:

Order Clerk
Child Health and Disability Prevention Branch
714 P Street, Room 1792
Sacramento, CA 95814

The guidelines should be delivered to you in early January. If you have questions or need more information please contact your Regional Consultant.


Siegfried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachments

ATTACHMENT I

ORDER FORM
CHDP MEDICAL GUIDELINES

Return By December 20, 1980

County _____

Contact Person _____

Phone No. () _____

Please order the number of copies your program will need for distribution and stock.
Should the supply of bound guidelines run low, your stock order may be sent at a
later date. In this case, guidelines without binders will be substituted.

Number of Copies Needed

	<u>Guidelines with binders</u>	<u>Guidelines without binders</u>
Providers and local program copies (include health department clinics)	_____	_____
Stock Copies	_____	_____
Total	_____	_____

Send to: Order Clerk
CHDP Branch
714 P Street, Room 1792
Sacramento, CA 95814

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

(916) 322-4780

CHDP Provider Information Notice #80-4

To: CHDP Providers

Subject: CHDP Medical Guidelines

Enclosed for your use are the CHDP Medical Guidelines. These guidelines should serve as a resource on the medical aspects of CHDP assessment procedures, appropriate assessment methods and criteria for referral to diagnostic services. The guidelines are designed to allow the necessary flexibility required by differences in public and private medical practice while serving to define health assessment services for children under the CHDP Program.

These guidelines were developed by a technical advisory committee composed of the physician and nurse members of the State Child Health Board, with staff assistance from the State CHDP Branch. Comments were received from local program directors, professional organizations and others. The State Child Health Board recommended adoption of these guidelines.

If you have any questions about the use of the guidelines or if you need additional copies, please contact your local CHDP program.

A handwritten signature in dark ink that reads 'Siegried A. Centerwall MD'.

Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Enclosure

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



(916) 322-4780

CHDP Provider Information Notice

To: CHDP Providers

Subject: Availability of CHDP Medical Guidelines

This notice is to inform you of the availability of CHDP Medical Guidelines. These guidelines were developed as a resource on the medical aspects of CHDP assessment procedures, appropriate assessment methods and criteria for referral to diagnostic services. The guidelines are designed to allow the necessary flexibility required by differences in public and private medical practice while serving to define health assessment services for children under the CHDP Program.

These guidelines were developed by a technical advisory committee composed of the physician and nurse members of the State Child Health Board, with staff assistance from the State CHDP Branch. Comments were received from local program directors, professional organizations and others. The State Child Health Board recommended adoption of these guidelines.

If you would like to receive a copy of the guidelines, please contact your local CHDP Program.

Sincerely,

Siegried A. Centerwall MD

Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

ATTACHMENT IV

REPORT OF DISTRIBUTION

PROVIDER INFORMATION NOTICE #80-4

"CHDP MEDICAL GUIDELINES"

(for Active Providers)

To: Provider Information Clerk
Child Health and Disability Prevention Section
California State Department of Health
714 P Street, Room 1792
Sacramento, CA 95814

This is to advise you that Provider Information Notice #80-4, "CHDP MEDICAL GUIDELINES" was issued to _____
(Community Program)

providers on _____.
(Date of Issue)

Provider Information Notice / / was revised; / / was not revised
prior to issuance.

/ / A copy of the revised notice is attached.

INSTRUCTIONS:

Please complete the above information and forward to Provider Information Clerk at the above address. If Provider Information Notice #80-4 was revised prior to issuance, enclose a copy of the revised notice. Questions about use of this reporting form should be directed to Provider Information Clerk, CHDP Section telephone (916) 322-4780.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 322-4780



December 4, 1980

CHDP Program Letter #80-13

To: Community Child Health and Disability Prevention Program
Directors and Deputy Directors

Subject: The CHDP Low Birth Weight Infant Program

Expanding CHDP Eligibility

The Child Health and Disability Prevention (CHDP) Program received an allocation from the Budget Act for 1980-81 which included \$248,234 "to provide Child Health and Disability Prevention Program medical assessment services to low birth weight infants up to one year of age." Therefore, on January 1, 1981 CHDP will be expanding eligibility to include low birth weight infants from families with incomes at or below 200% of the AFDC Minimum Basic Standard of Adequate Care (the same income eligibility that is used for non-Medi-Cal school enterers.) Low birth weight is defined as 2500 grams (5 lb. 8 oz.) or less. These infants will be eligible for State paid services until they reach 13 months of age. This includes infants born prior to January 1, 1980 as long as the child is under 13 months of age.

Program Objectives

It has been estimated that there are about 4500 babies in this newly eligible group. Although the number is small, the group is important because these are very high risk babies who can benefit greatly from the complete well baby services which CHDP provides. About half of these babies are cared for by neonatal intensive care units (NICUs). Many are babies of very young mothers. Our objective is to develop a coordinated system of neonatal discharge planning, well baby care and case management between the hospitals and related public service programs.

Medi-Cal babies will be an integral part of this new effort. They will be one of the primary beneficiaries of an improved system of case management and follow-up. It is estimated that 30% of low birth weight babies are Medi-Cal eligible when they leave the hospital. For these babies, the first health check-up after hospital discharge may be a service reimbursed by Medi-Cal. As high risk babies, both those who remain on Medi-Cal and those who lose Medi-Cal eligibility will need special attention to insure that they get the services they need. The addition of the new non-Medi-Cal eligible babies is an added bonus which will allow those who lose Medi-Cal eligibility, and other 200% low birth weight babies to receive CHDP services with state funding until they are one year of age.

Services and Periodicity

The current CHDP periodicity and service schedule for health assessments will remain the same for these low birth weight infants.

Billing

Billing for the non-Medi-Cal low birth weight infants will require recording the birth weight on the PM 160s. In the lower right hand corner next to the words Patient Eligibility "BW x/y" must be written, (x=pounds and y=ounces). In addition, box 2 must be checked and the responsible person must sign that the baby is eligible according to the eligibility table. Entry of this information is shown on the attached PM 160. If PM 160s for this group are submitted without birth weight information, they will be rejected. Bills for low birth weight infants receiving Medi-Cal must have a Medi-Cal sticker attached.

Coordination With Other Agencies

This program will require coordination between CHDP, California Children's Services (CCS), Maternal and Child Health (MCH), and hospital newborn nurseries to identify the respective responsibilities for outreach, case management and follow-up services. The State CHDP program will sponsor a series of workshops for local CHDP programs to which local CCS, MCH, and public health nursing staff will be invited. Your CHDP Regional Consultant will notify you of when and where your workshop will be held. The purpose of these workshops is to provide you with the information you will need to coordinate and implement this program in your county.

Local Program Responsibilities

The responsibilities of the local programs will be to: (1) provide information to your current CHDP providers; (2) recruit and train hospital clinics and other providers serving infants; (3) develop coordinated program outreach, case management and follow-up activities with CCS, MCH, and public health nursing; (4) hold meetings with the staffs of local NICUs to develop coordinated discharge planning and case management. (This applies only to those counties with NICUs); (5) determine if the local Regional Center for the developmentally disabled provides follow-up services to high risk infants and develop a liaison with that program as indicated.

Program Implementation

Although the target date for implementing this program is January 1, 1981, we realize that it will not be possible to do all the things that need to be done prior to that date. Therefore, the initial emphasis will be on coordinating services for infants discharged from NICUs, including CCS, public health nursing, health department well baby clinics and present CHDP providers. As implementation proceeds, efforts will be made to reach the eligible infants in other hospital nurseries and other doctors who serve low birth weight babies. It will also be crucial to recruit as providers hospital follow-up clinics which already serve babies discharged from the NICUs. This will enable these hospital services to continue to serve both Medi-Cal and low income families and to bill those services to the CHDP program. It is not our intent to change the way high risk babies now receive services. Our intent is to support and augment the present system so that all babies get the follow-up services they need.

Attached is a copy of the Provider Information Notice for this program. The notice should be distributed to all your providers as soon as possible.

If you have any questions or concerns, please call your Regional Consultant. They will make note of these and try to answer them at the regional workshops.

A handwritten signature in cursive script that reads "Siegried A. Centerwall M.D.".

Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachments

PLEASE PRINT	PATIENT NAME (LAST)		(FIRST)		(INITIAL)		Attachment										
	BIRTHDATE		SEX (Circle)		PATIENT'S COUNTY OF RESIDENCE				CODE		TELEPHONE NUMBER				Ethnic Code		
	Mo.	Day	Year	F	M											1-American Indian 2-Asian 3-Black 4-Hispanic 5-Mex. Amer./Hispanic 6-White 7-Other	
	RESPONSIBLE PERSON (NAME)				(STREET)				(CITY)		(Zip)		NEXT VISIT				
	Mo.	Day	Year														

CHDP ASSESSMENT

Indicate outcome for each screening procedure

	NO PROBLEM SUSPECTED ✓ 1	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓ 2	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column	
			NEW 4	KNOWN 5

01 HISTORY and PHYSICAL EXAM

02 DENTAL ASSESSMENT

03 NUTRITIONAL ASSESSMENT

04 SNELLEN ☐ 1 or MCT ☐ 2

05 AUDIOMETRIC

06 HEMOGLOBIN or HEMATOCRIT

07 URINE DIPSTICK

08 TB: TINE ☐ 1 or PPD ☐ 2

CODE OTHER TESTS MUST BE CODED. SEE CODES ON REVERSE OF LAST PAGE

RECEIVED FOR: TELEPHONE NUMBER:

RECEIVED TO: TELEPHONE NUMBER:

DATE: REPORT: LAST EXAMINE: REF: DATE:

IMMUNIZATIONS

	GIVEN TODAY UP TO DATE FOR AGE 1	STILL NOT UP TO DATE FOR AGE 2	REFUSED OR CONTRA-INDICATED 4
01 POLIO-ORAL			
02 OPV/TD			
03 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> 2 MMR <input type="checkbox"/> 3			
04 MEASLES			
05 ADUMPS			
06 RUBELLA			

DATE OF SERVICE Mo. Day Year	PATIENT VISIT (✓) 1-New Exam or Extended Visit 2-Routine Visit	TYPE OF SCREEN (✓) 1-Initial 2-Periodic
PROVIDER OF SERVICE: Name, Address, Telephone Number (Please include Area Code)		
PROVIDER NUMBER		

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law.

SIGNATURE OF PROVIDER: DATE:

CONFIDENTIAL SCREENING/BILLING REPORT

STATE OF CALIFORNIA—CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

PM-160- (3-80)

COPY 1—STATE DEPARTMENT OF HEALTH SERVICES

FOLLOW UP CODES

- 1 NO FOLLOW UP NECESSARY
- 2 SCREENING PROCEDURE RECHECK SCHEDULED
- 3 Dx AND Rx INITIATED THIS VISIT
- 4 EXAMINER TO FOLLOW UP FOR Dx, Rx
- 5 REFERRED FOR Dx, Rx
- 6 REFERRAL DENIED

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

FEES

FEES

01 VISION

04 HEARING

05 TONOMETRY

06 PRISM

07 V.S.

08 OTHER TEST

NOTE TO PATIENT:

If you need scheduling or transportation assistance for your next exam, please call the CHDP Program at the local Health Department.

☐ For WIC Patients TOTAL FEES \$-

PARTIAL SCREEN ☐ SCREENING PROCEDURE RECHECK ☐

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY:

MEDICAL I.D. NUMBER

BW 4/10

☐ If patient is not covered by Medi-Cal, enter Medi-Cal number and date of birth on back of this form.

☒ If patient is covered by Medi-Cal, enter Medi-Cal number and date of birth on back of this form.

☐ If patient is not covered by Medi-Cal, enter Medi-Cal number and date of birth on back of this form.

☐ If patient is covered by Medi-Cal, enter Medi-Cal number and date of birth on back of this form.

SIGNATURE OF RESPONSIBLE PERSON: DATE:

☐ If PM 160 Submitted for information Only

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 322-4780



To: Community Child Health and Disability Prevention Program Directors
and Deputy Directors

Subject: Provider Information Notice #80-5 Regarding Low Birth Weight
Infant Program Notification

The purpose of the attached Provider Information Notice #80-5 is to inform all CHDP program providers of CHDP's new low birth weight infant program. The program becomes effective January 1, 1981. We would appreciate the immediate forwarding of this notice to your providers.

Please complete the attached "Report of Distribution" and return to:

Department of Health Services
Child Health and Disability
Prevention Branch
714 P Street, Room 1792
Sacramento, CA 95814

If you have questions or need additional information, please contact your Regional Consultant.

Attachments

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 322-4780



CHDP Provider Information Notice #80-5

To: CHDP Providers

Subject: CHDP Low Birth Weight Infant Program

Expanding CHDP Eligibility

The Child Health and Disability Prevention (CHDP) Program received an allocation from the Budget Act for FY 1980-81 which included \$248,234 "to provide Child Health and Disability Prevention Program medical assessment services to low birth weight infants up to one year of age." Therefore, on January 1, 1981 CHDP will be expanding eligibility to include low birth weight infants from families whose incomes are at or below 200% of the welfare income eligibility standard, but are not on Medi-Cal (the same income eligibility that is used for non-Medi-Cal school enterers.) Low birth weight is defined as 2500 grams (5 lbs. 8 oz.) or less. These infants will be eligible for State paid services until they reach 13 months of age. This includes infants born prior to January 1, 1980 as long as the child is under 13 months of age.

As you know, CHDP currently provides regular well baby exams for all babies in the Medi-Cal program as well as preventive health care to older children and youth to age 21 who are Medi-Cal eligible. Children not eligible for Medi-Cal who can receive state paid assessments are those entering the first grade whose families meet income eligibility standards and those children enrolled in Head Start/State Preschool Programs. The addition of state funds to provide CHDP services to low birth weight infants recognizes their special needs and provides the opportunity to improve the follow up of these infants after they leave the hospital.

Services

The current CHDP service schedule (Attachment A) will be used for eligible low birth weight infants. Diagnostic and treatment services will not be provided. Infants needing such services will be referred to other agencies such as California Children's Services (CCS) and Regional Centers. The CCS program provides diagnostic services for any baby with possible metabolic problems, birth injury or congenital defects. Regional Centers provide diagnostic services for any baby with poor development which may indicate mental retardation, autism or similar problems.

Billing

Billing for the non-Medi-Cal low birth weight infant will require recording the birth weight on the PM 160 (Attachment B). In the lower right corner next to the words Patient Eligibility "BW x/y" must be written, (x=pounds and y=ounces). In addition, box 2 must be checked and the parent or guardian must sign that the baby

is eligible according to the eligibility table (Attachment C). Entry of this information is shown on the attached PM 160. If PM 160s for this group are submitted without birth weight information, they will be rejected. Bills for low birth weight infants receiving Medi-Cal must have a Medi-Cal sticker attached.

We anticipate these program changes will strengthen the delivery of health care services to Medi-Cal and non-Medi-Cal eligible infants in California. If you have any questions, please contact your local CHDP program. We appreciate your continuing cooperation and participation.

Siegried A. Centerwall M.D.

Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachments

SCREENING PROCEDURES REQUIRED FOR VARIOUS AGE GROUPS¹
Child Health and Disability Prevention Program

SCREENING PROCEDURE	AGE OF PERSON BEING SCREENED														
	Under 1 Mo.	1-2 Mos.	3-4 Mos.	5-6 Mos.	7-9 Mos.	10-12 Mos.	13-17 Mos.	18-23 Mos.	2 Years	3 Years	4-5 Years	6-8 Years	9-12 Years	13-16 Years	17-20 Years
Health history and physical examination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Visual acuity test															
Snellen or equivalent										X ²	X	X	X	X	X
Clinical observation	X	X	X	X	X	X	X	X	X	X ²					
Hearing screening															
Audiometric										X ²	X	X	X	X	X
Nonaudiometric		X	X	X	X	X	X	X	X	X ²					
Tuberculin testing						X			X	X	X	X	X	X	X
Laboratory tests															
Blood tests															
Hematocrit or hemoglobin					X		X			X	or X		X	X	X
Sickle cell status															
Lead screening															
Test for syphilis															
Phenylketonuria (PKU)	X														
Urine test									X	X	X	X	X	X	X
Culture for Neisseria Gonorrhea															
Papanicolaou (Pap) Smear															
Administration of immunizations necessary to make status current ⁴		X	X	X	X	X	X	X	X	X	X	X	X	X	X

¹ Required unless medically contraindicated or deemed inappropriate by the screening provider or refused by the person.

² Snellen and audiometric examinations are optional at this age, and the clinical and nonaudiometric methods may be substituted.

³ May be done on an individual basis if health history warrants.

⁴ In accordance with Section 3380, Health and Safety Code.

Reference: CHDP Regulations, Title 17, Section 6846, California Administrative Code.

PLEASE PRINT	PATIENT NAME (LAST)		(FIRST)		(INITIAL)	
	DATE (Mo. / Day / Year)		SEX (Circle)	PATIENT'S COUNTY OF RESIDENCE		CODE
	RESPONSIBLE PERSON (NAME)		(STREET)	(CITY)	(Zip)	TELEPHONE NUMBER
	NEXT VISIT		Ethnic Code		1- Amer. Can. Indian 2- Asian 3- Black 4- Ch. Ind. 5- Mex. Amer./Hispanic 6- White 7- Other	
	Mo.	Day	Year			

CHDP ASSESSMENT

Indicate outcome for each screening procedure

NO PROBLEM SUSPECTED	REFUSED, CONTRA-INDICATED, NOT NEEDED
✓ 1	✓ 2

PROBLEM SUSPECTED	
Enter Follow Up Code in Appropriate Column	
NEW	KNOWN
4	5

FOLLOW UP CODES

- | | |
|----------------------------------|-----------------------------------|
| 1 NO FOLLOW UP NECESSARY | 4 EXAMINED TO FOLLOW UP FOR Dx/Rx |
| 2 SCREENING PROCEDURE CHECKED | 5 REFERRED FOR Dx/Rx |
| 3 Dx AND Rx INITIATED THIS VISIT | 6 REFERRAL REFUSED |

01 HISTORY and PHYSICAL EXAM

02 DENTAL ASSESSMENT

03 NUTRITIONAL ASSESSMENT

04 SNELLEN ☐ 1 or MCT ☐ 2

05 AUDIOMETRIC

06 HEMOGLOBIN or HEMATOCRIT

07 URINE DIPSTICK

08 TB: TINE ☐ 1 or PPD ☐ 2

CODE OTHER TESTS MUST BE CODED. SEE CODES ON REVERSE OF LAST PAGE

REFUSED TO: TELEPHONE NUMBER:

REFUSED TO: TELEPHONE NUMBER:

REFUSED TO: TELEPHONE NUMBER:

REFUSED TO: TELEPHONE NUMBER:

REFUSED TO: TELEPHONE NUMBER:

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COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

FEES

RX and PE

01

VISION

04

HEARING

05

HGB, HCT

06

URINE

07

T.B.

08

CODE OTHER TESTS

NOTE TO PATIENT:

If you need scheduling or transportation assistance for your next exam, please call the CHDP Program at the local Health Department.

IMMUNIZATIONS

GIVEN TODAY

NOT GIVEN TODAY

GIVEN TODAY

NOT GIVEN TODAY

GIVEN TODAY

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DATE OF SERVICE

PATIENT VISIT (X)

TYPE OF SCREEN (X)

PROVIDER OF SERVICE: Name, Address, Telephone Number (Please include Area Code)

PROVIDER NUMBER

PROVIDER NUMBER

PROVIDER NUMBER

PROVIDER NUMBER

PROVIDER NUMBER

PROVIDER NUMBER

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PROVIDER NUMBER

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law.

SIGNATURE OF PROVIDER

DATE

☐ For WIC Referral TOTAL FEES >
PARTIAL SCREEN ☐ 1 SCREENING PROCEDURE CHECKED ☐ 2

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY:

MEDICAL I.D. NUMBER

BW 4/10

☐ 1 If covered by Med. Cal. Enter Med. Cal. ID number above and initial P.D. (initials) area below

☒ 2 If eligible for Medi-Cal, enter Medi-Cal ID number above and initial P.D. (initials) area below

☐ 3 If eligible for Medi-Cal, enter Medi-Cal ID number above and initial P.D. (initials) area below

☐ 4 If eligible for Medi-Cal, enter Medi-Cal ID number above and initial P.D. (initials) area below

☐ 5 If eligible for Medi-Cal, enter Medi-Cal ID number above and initial P.D. (initials) area below

☐ 6 If PM 160 Submitted for Information Only

CONFIDENTIAL SCREENING/BILLING REPORT

STATE OF CALIFORNIA—CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

PM-160- (3-80)

COPY 1—STATE DEPARTMENT OF HEALTH SERVICES

1-1011-147, July 1980

CHDP ELIGIBILITY DETERMINATION TABLE
Child Health and Disability Prevention Program
Fiscal Year 1980—81

Eligibility Criteria:

1. Persons from birth through 20 years old who are certified eligible to receive Medi-Cal are eligible for state-reimbursed, periodic, CHDP health assessments, and any subsequent diagnosis and treatment that may be needed.
2. Children who are attending Head Start or State Preschool programs are eligible for state-reimbursed CHDP health assessments.
3. Persons who are *not* certified eligible to receive Medi-Cal and who are *not* enrolled in Head Start or State Preschool programs are eligible for one state-reimbursed health assessment if:
 - a. The person is entering first grade within the next 18 months or has entered the first grade within the last 90 days.
 - b. As shown on the table below, the total annual cash income from all sources, before taxes, for the size of the family unit shown in the first column is at or below the income level specified in the appropriate income column.

NUMBER OF PERSONS IN FAMILY UNIT	INCOME ¹			
	For the Period 7/1/80 — 12/31/80 ^a		For the Period 1/1/81 — 6/30/81 ^b	
	Annual	Monthly	Annual	Monthly
1	\$ 5,640	\$ 470	\$ 5,544	\$ 462
2	9,480	790	9,264	772
3	11,520	960	11,280	940
4	14,184	1,182	13,848	1,154
5	16,368	1,364	16,008	1,334
6	18,432	1,536	18,024	1,502
7	20,280	1,690	19,848	1,654
8	22,392	1,866	21,912	1,826
9	24,528	2,044	24,000	2,000
10	26,664	2,222	26,088	2,174
more than 10	\$240 per additional family member	\$20 per additional family member	\$216 per additional family member	\$18 per additional family member

¹ Figures are 200 percent of the State Department of Social Services AFDC Minimum Basic Standard of Adequate Care (MBSAC) for FY 1980—81.

^a Figures include a 15.48 percent Cost of Living increase over the 1979—80 AFDC—MBSAC for the period shown.

^b Figures include a 13 percent Cost of Living increase over the 1979—80 AFDC—MBSAC for the period shown.

TABLA QUE DETERMINA LA ELEGIBILIDAD PARA CHDP
Programa de Prevención para la Salud del Niño e Incapacitado
(Child Health and Disability Prevention Program (CHDP))
Año Fiscal (Fiscal Year (FY)) 1980-81

Criterio para Elegibilidad:

1. Las personas que prueban que desde su nacimiento hasta los 20 años son elegibles para recibir Medi-Cal son elegibles para reembolsos periódicos estatales de evaluación de la salud CHDP, y por cualquier diagnóstico y tratamiento que puedan necesitar.
2. Los niños que están concurriendo a los programas preescolares (Head Start or State Preschool) son elegibles para el reembolso estatal de evaluación de la salud CHDP.
3. Las personas que no prueban que son elegibles para recibir Medi-Cal y que *no* están matriculadas en los programas de educación preescolar (Head Start or State Preschool) son elegibles para los servicios de reembolso estatal si:
 - a. La persona está empezando el primer grado dentro de los 18 meses siguientes o ha empezado el primer grado dentro de los últimos 90 días.
 - b. Como se indica en la tabla más abajo, el ingreso total de dinero en efectivo, antes de los impuestos, por el número de personas que integran una familia mostrado en la primera columna es igual o menor al nivel de ingreso especificado en la apropiada columna de ingresos.

NUMERO DE PERSONAS EN UNA FAMILIA	INGRESO ¹			
	Para el Período 7/1/80-12/31/80 ^a		Para el Período 1/1/81-6/30/81 ^b	
	Anual	Mensual	Anual	Mensual
1	\$ 5,640	\$ 470	\$ 5,544	\$ 462
2	9,480	790	9,264	772
3	11,520	960	11,280	940
4	14,184	1,182	13,848	1,154
5	16,368	1,364	16,008	1,334
6	18,432	1,536	18,024	1,502
7	20,280	1,690	19,848	1,654
8	22,392	1,866	21,912	1,826
9	24,528	2,044	24,000	2,000
10	26,664	2,222	26,088	2,174
más de 10	\$240 por miembro que aumente la familia	\$20 por miembro que aumente la familia	\$216 por miembro que aumente la familia	\$18 por miembro que aumente la familia

¹ Los cálculos son 200 por ciento del Departamento de Servicios Sociales del Estado por Asistencia a Familias con Niños Necesitados (Aid to Families with Dependent Children (AFDC) Criterio Mínimo Básico de Cuidado Adecuado (Minimum Basic Standard of Adequate Care (ABSAC) por el año fiscal (FY) 1980/81.

^a Los cálculos por el período mostrado incluyen un 15.48 por ciento por aumento de costo de vida (cost living) sobre el período 1979/80 AFDC-MBSAC.

^b Los cálculos por el período mostrado incluyen un 13 por ciento por aumento de costo de vida sobre el año 1979/80 AFDC-MBSAC.

REPORT OF DISTRIBUTION

PROVIDER INFORMATION NOTICE # 80-5

TO: Provider Information Clerk
Child Health and Disability Prevention Branch
California State Department of Health Services
714 P Street, Room 1792
Sacramento, CA 95814

This is to advise you that Provider Information Notice # 80-5 , CHDP
Low Birth Weight Program was issued to _____
providers on _____ (Community Program)
(Date of Issue)

Provider Information Notice #80-5 ☐ was revised; ☐ was not revised
prior to issuance.

☐ A copy of the revised notice is attached.

INSTRUCTIONS:

Please complete the above information and forward to Provider Information Clerk at the above address. If Provider Information Notice #80-5 was revised prior to issuance, enclose a copy of the revised notice. Questions about use of this reporting form should be directed to Provider Information Clerk, CHDP Branch, telephone (916) 322-4780.

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

(916) 322-4780



December 22, 1980

CHDP PROGRAM LETTER #80-14

To: Community Child Health and Disability Prevention
Program Directors and Deputy Directors

Subject: Reporting Requirements for the Child Health Status Report

CHDP Program Letter #80-5 alerted local programs to the change in reporting requirements for the Child Health Status Report. This report, submitted quarterly to the Health Care Financing Administration, now includes as one of its reporting requirements the total number of all Medi-Cal recipients (not cases or families) who request CHDP services.

It is required, therefore, that you submit this information by the fifteenth of the month following the end of each quarter. This reporting will begin on January 15, 1981 for the October through December 1980 quarter. Please report in the format attached, giving the number of AFDC recipients and the number of Medi-Cal Only recipients. Send the data to:

Data Management and Evaluation Section
714 P Street, Room 1792
Sacramento, CA 95814

Please contact your Regional Consultants if you have any questions.

Siegried A. Centerwall
Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachment

QUARTERLY REPORT OF MEDI-CAL RECIPIENTS
REQUESTING CHDP SERVICES

_____ County

Reporting Quarter:

_____ Through _____, 19____

Numbers of AFDC Recipients Requesting CHDP Services _____

Number of Medi-Cal Only Recipients Requesting CHDP Services _____

TOTAL _____

COUNTY REPRESENTATIVE

Send to: Data Management and Evaluation Section
714 P Street, Room 1792
Sacramento, CA 95814